

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10-500,918

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3			/			
4			/			
5			/			
6			0			
7			0			
8			/			
9			/			
10			0			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17		/				
18			/			
19			2			
20			2			
21			2			
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49						
50						
TOTAL IND.		2				
TOTAL DEP.		24				
TOTAL CLAIMS		26				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						